

Horse Show and Riding Club Application

Application Date _____ Agency Name _____

Address _____

City _____ State/Province _____ Zip _____

Phone _____

Company Use Only: Customer#/SubID _____ Producer# _____

Entity Type: Individual Corporation LLC Partnership _____

Billing: Direct Bill Agency Bill Pay Plan: _____

Requested Effective Date _____ Expiration Date _____

If a short-term event policy ONLY: Set-up Date _____ Tear Down Date _____

Applicant Information

Named Insured _____

Additional Named Insured Supplemental Attached *(Required for multiple Named Insureds)*

Mailing Address _____

City _____ State/Province _____ Zip _____

County _____ Phone# _____ FEIN# _____

Web Address _____ Email _____

Inspection Contact Name _____ Phone# _____

Coverages to be quoted

Liability Property Excess Liability

General Underwriting Questions

Loss History None

(List all losses for the past 5 years that affect coverage lines requested above)

Date	Coverage Line	Description	Paid	Open	Closed
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Prior Carrier Information

Coverage Line	Company	# of years	Expiring Premium
Liability			
Umbrella			

General Liability Underwriting Questions

Company Use Only

Limits: \$100,000/200,000 \$300,000/600,000 \$500,000/1,000,000 \$1,000,000/\$2,000,000

1. Is the applicant involved in any of the following activities? *(Please check activities applicable)*

- | | |
|--|--|
| <input type="checkbox"/> Pony Rides/Petting Zoo | <input type="checkbox"/> Polo/Horse Ball |
| <input type="checkbox"/> Hay/Carriage/Sleigh Rides | <input type="checkbox"/> Gymkana/Mounted Games |
| <input type="checkbox"/> Public Horse Rentals/Trail Rides | <input type="checkbox"/> Mounted Shooting |
| <input type="checkbox"/> Golf Cart Rental to participants spectators | <input type="checkbox"/> Fox Hunting |
| <input type="checkbox"/> Rodeos | <input type="checkbox"/> Trail Rides <i>(non-club members are allowed)</i> |

Please explain any checked activities.

2. Is Unlicensed Farm Vehicle Liability Coverage needed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
How many vehicles? _____		

Additional Insureds Additional Loss Payee Supplemental Attached

Name/Address	Relationship to Insured

Riding Clubs Not Applicable Yes No

1. Does the club own or rent any premises on a long-term basis?	<input type="checkbox"/>	<input type="checkbox"/>
If yes , and Property Coverage is required, please attach applicable pages of the Farm Dwelling & Farm Outbuilding Supplemental.		

2. What is the maximum number of individual club members each year? *(Not Family Memberships)*

3. Does the club offer boarding for club members' horses?	<input type="checkbox"/>	<input type="checkbox"/>
If yes , what is the number of horses boarding both in stalls and in pastures? _____		

4. Does the club hold equine events such as Horse Shows, Clinics, Hunts, etc?	<input type="checkbox"/>	<input type="checkbox"/>
If yes , please fill out the Equine Events Section below.		

5. Please describe any fundraising activities conducted by your club.

6. Does the club maintain any public trails?	<input type="checkbox"/>	<input type="checkbox"/>
If yes , please describe.		

Equine Events *(Horse Shows, Trail Rides, Clinics, Hunts, etc)* Not Applicable Yes No

1. Do you manage/sponsor any equine events on your premises?	<input type="checkbox"/>	<input type="checkbox"/>
Off Premises?	<input type="checkbox"/>	<input type="checkbox"/>

Risk Management Controls *Continued*

	N/A	Yes	No
Release/Hold Harmless agreement in use <i>(All Exposures)</i> .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boarding Contract in Place <i>(Boarding)</i> .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State Equine Liability Signs Posted <i>(All Exposures with owned/leased premises)</i> .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24 Hour Supervision of facility <i>(All Exposures with owned/leased premises)</i> .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Umbrella Section

Coverage is not desired

1. Requested Limit of Insurance: \$1,000,000 \$2,000,000 \$3,000,000
 \$4,000,000 \$5,000,000

2. Schedule of Underlying Insurance Umbrella Additional Underlying Policy Supplemental Attached

Company	Type of Coverage	Limit
<input type="checkbox"/> Great American	General Liability	\$ _____ General Aggregate
<input type="checkbox"/> _____	<input type="checkbox"/> Farm	\$ _____ Products/Completed Ops
Policy# _____	<input type="checkbox"/> Commercial	\$ _____ Personal & Advertising Injury
Eff _____ to _____	<input type="checkbox"/> Personal	\$ _____ Each Occurrence

The statements given in this application are true and accurate. This includes the limits of insurance and loss history as shown. I have not willfully concealed or misrepresented any material fact or circumstance concerning this application.

Application Signature _____

Date _____

Agent's Signature _____

Date _____

License # _____